

3732

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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM


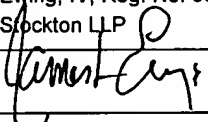
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/067,052
		Filing Date	February 4, 2002
		First Named Inventor	Ferrante, et al.
		Group Art Unit	3732
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	39262/263783

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>RECEIVED SEP 26 2002 TECHNOLOGY CENTER R3700</div>		
Remarks		

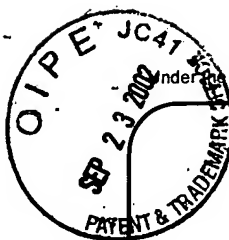
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James L. Ewing, IV, Reg. No. 30,630 Kilpatrick Stockton LLP	 <b>30559</b> PATENT TRADEMARK OFFICE
Signature		
Date	9/16/02	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 9/16/02			
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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 486.00

Complete if Known

Application Number 10/067,052  
Filing Date February 4, 2002  
First Named Inventor Joseph FERRANTE  
Examiner Name  
Group / Art Unit 3732  
Attorney Docket No. 39262/263783

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TECHNOLOGY CENTER R3700

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number 11-0855		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
Deposit Account Name Kilpatrick Stockton LLP		105 130	205 65
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127 50	227 25
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		139 130	139 130
2. <input checked="" type="checkbox"/> Payment Enclosed:		147 2,520	147 2,520
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112 920*	112 920*
FEE CALCULATION		113 1,840*	113 1,840*
1. BASIC FILING FEE		115 110	215 55
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	116 400	216 200
101 740	201 370	117 920	217 460
106 330	206 165	118 1,440	218 720
107 510	207 255	128 1,960	228 980
108 740	208 370	119 320	219 160
114 160	214 80	120 320	220 160
SUBTOTAL (1) (\$)		121 280	221 140
2. EXTRA CLAIM FEES		138 1,510	138 1,510
Total Claims 20 ** = 13 X 18 = 234		140 110	240 55
Independent Claims 3 ** = 03 X 84 = 252		141 1,280	241 640
Multiple Dependent X = 0		142 1,280	242 640
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	143 460	243 230
103 18	203 9	144 620	244 310
102 84	202 42	122 130	122 130
104 280	204 140	123 50	123 50
109 84	209 42	126 180	126 180
110 18	210 9	581 40	581 40
SUBTOTAL (2) (\$)		146 740	246 370
**or number previously paid, if greater; For Reissues, see above		149 740	249 370
		179 740	279 370
		169 900	169 900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type) James L. Ewing, IV	Registration No. Attorney/Agent 30,630	Telephone 404.815.6494			
Signature [Signature]	Date 9/16/02				

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